



The following information is required for electric service from the company. All fields are mandatory.

Service address _____

Zip code _____

Customer name (Bill payer when the service is initially energized) _____

Mailing address _____

Mailing city/state/zip code _____

Federal tax ID _____

Is this a registered business in the state of Indiana? Yes **You must be registered.** Please do so at <https://www.in.gov/sos/business/>. Contact the IPL business line on (317) 261-8444 if you have questions. No

Responsible party (To answer questions regarding the bill). _____

Phone number _____

Service size amperes _____

Service type 1Ø, 3-Wire 3Ø, 4-Wire Wye 3Ø, 4-Wire Delta

Voltage 120/240 V 120/208 V 277/480 V

kW Load _____

Permanent Temporary

Owner Tenant

Date wanted (service ready?) _____

Date of full operation _____

Electrician's company name _____

Electrician's name _____

Phone number _____

Form completed by: _____

Title/role: _____

Commercial / industrial information sheet